

Elpha Lodge Residential Care Home Limited







Elpha Lodge Residential Care Home

Inspection report

Elpha Lodge
South Broomhill
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Northumberland
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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Outstanding	
Is the service well-led?		Requires improvement	

Overall summary

This inspection took place on 18 and 20 March 2015 and was announced. The provider was given 48 hours' notice of the inspection because both the registered manager and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

We inspected the home in January 2014 and found they were not meeting one regulation relating to the safety of the premises. We carried out a review in March 2014 and found that improvements had been made and the provider was now meeting this regulation.

Elpha Lodge Residential Care Home provides accommodation for up to 24 people. The service

Summary of findings

specialises in caring for people who have acquired brain injuries or degenerative diseases, and who, as a result, require assistance with personal care. There were 20 people living at the home at the time of our inspection.

The home consisted of a converted church and a newer purpose built bungalow. The bungalow was known as Sydney House. There were 11 people living in the converted church building and nine in Sydney House. We will refer to the service as Elpha Lodge Residential Care Home throughout the report [with the exception of the safe domain] because Sydney House is registered as part of Elpha Lodge Residential Care Home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People, relatives and health and social care professionals spoke positively about the service. One social worker said, "I think it's an outstanding home in an all-round point of view." A care manager from the local NHS Trust said, "They are outstanding in every way, I have no concerns."

People told us they felt safe. Staff knew what action to take if abuse was suspected. We spoke with one care manager from the local NHS Trust. She told us, "This is one care home that I can honestly and confidently say I have no concerns about."

We saw that Sydney House was clean and well maintained however; the converted church building was showing signs of wear and tear. There was a robust system in place for the receipt, storage, administration and disposal of medicines.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. Many of the staff had worked at Elpha Lodge Residential Care Home for a considerable number of years. We saw that safe recruitment procedures were followed. The manager was in the process of renewing DBS checks for all staff. Staff informed us that there was plenty of training available. This was confirmed by staff training records which we viewed.

People told us they were happy with the meals provided. We saw that people were provided with a nutritious diet and supported to be independent with eating and drinking.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Most people who lived at the home had the capacity to make decisions about all aspects of their lives. The local authority had approved two DoLS applications following the completion of mental capacity assessments by the local NHS Trust.

People, relatives and health and social care professionals told us that there was a positive atmosphere at the service. We saw there was a close bond between people and staff. One care manager from the local NHS Trust said, "It's everyone's home." All of the people we spoke with told us that staff were caring. A member of the Rotary Club said, "I would say it is outstanding" and "They [staff] put their hearts and souls into it."

The service was tailored to meet the individual needs of people who lived there. There was an emphasis on meeting people's social needs and ensuring that people maintained their hobbies and interests.

There was a complaints procedure in place. The manager told us that no complaints had been received. There were a number of feedback mechanisms in place to obtain the views of people, relatives and staff. These included meetings and surveys.

The nominated individual was not currently monitoring the service because of an ongoing investigation. A nominated individual represents the provider and has responsibility for supervising the way that the regulated activity is managed. We had requested that an interim nominated individual be appointed eight months ago; however no interim nominated individual has been appointed.

We had no concerns about the registered manager or her leadership; we considered however, the absence of an active nominated individual needed to be resolved promptly, to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. There were safeguarding procedures in place.

We found that the purpose built bungalow was clean and well maintained; however the converted church building was showing signs of wear and tear. There were robust systems in place for the safe receipt, storage, administration and disposal of medicines.

People, relatives and staff told us there were enough staff to meet people's needs and recruitment checks were robust. The manager was in the process of updating staff DBS checks.

Good



Is the service effective?

The service was effective.

Staff told us they received regular training. They told us that they felt well supported and supervision and appraisal arrangements were in place.

People told us they were happy with the meals provided. We saw that people were provided with a nutritious diet and supported to be as independent as possible when eating and drinking.

People's healthcare needs were met. They had access to health and social care professionals such as GP's, district nurses, consultants, speech and language therapists and physiotherapists.

Good



Is the service caring?

The service was caring.

People and their relatives informed us that staff were caring.

All of the interactions we observed between people and staff were positive. Staff spoke with people respectfully.

The manager informed us that no people had an advocate acting on their behalf but there was a procedure in place if access to an advocacy service should be required.

Good



Is the service responsive?

The service was responsive.

The service was tailored to meet the individual needs of people in receipt of care. There was an emphasis on meeting people's social needs and ensuring that people maintained their hobbies and interests.

There was a complaints procedure in place. Feedback systems were in place such as meetings and surveys to obtain the views of people.

Outstanding



Summary of findings

Is the service well-led?

Not all aspects of the service were well led.

The nominated individual was not currently monitoring the service because of an ongoing investigation. A nominated individual has responsibility for supervising the way that the regulated activity is managed. We had requested that an interim nominated individual be appointed eight months ago; however no interim nominated individual had been appointed

The manager carried out audits and checks on all aspects of the home to monitor the quality of the service provided.

Requires improvement



Elpha Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an inspector, a specialist advisor with experience in the care of people who had suffered head injuries and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 18 and 20 March 2015 and was announced. We gave 48 hours' notice of the inspection because the manager and people are often out accessing the local community. We needed to be sure that they would be in.

We talked with 12 people who lived at the service and spoke with three relatives who were visiting the home. We also spoke with two relatives by phone. We consulted two care managers and a dietetic assistant from the local NHS Trust. We spoke with the lead for Northumberland head

injuries service, a neurology consultant, a speech and language therapist, a physiotherapist and a member of the local Rotary Club who was a retired GP and had been involved in the home prior to his retirement. He was now a member of the Rotary Club and had been involved in a number of fund raising projects for the home. We also conferred with a local authority safeguarding officer and a local authority contracts officer.

We spoke with the nominated individual, registered manager, four care workers; a domestic staff member; a cook and the activities coordinator on the day of our inspection. We also contacted two care workers by phone following our inspection. They worked evenings, weekends and night shifts. We wanted to know how care was delivered at these times.

We reviewed three people's care records and a variety of records which related to the management of the service such as audits and surveys.

Prior to our inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Elpha Lodge Residential Care Home. This was confirmed by health and social care professionals. One professional emailed us and stated, "In the 10 years I have been in post, I cannot recall the need to open a safeguarding notification or alert on account of people being put at risk." Another stated, "Oh God it's safe." Other comments included, "I've never seen anything concerning" and "It's absolutely safe."

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were systems in place to manage people's finances to help prevent the risk of financial abuse. We checked people's care records and noted that risks had been assessed in relation to areas such as moving and handling, falls and malnutrition.

We spent time looking around the home. The home accommodated people in two buildings, one of which was a converted church and the other was a newer purpose built bungalow, known as Sydney House. We saw that the converted church building was showing signs of wear and tear in places. There were some areas of damaged plaster and paint work. The manager stated that it was difficult to maintain a good standard of decoration and paintwork throughout the building due to damage caused by people's electric wheelchairs. She told us there was an ongoing programme of redecoration. We saw that Sydney House was light and airy and well maintained. We noted that checks were carried out on gas, electrical and fire safety and environmental risks within the building had been assessed. No concerns were noted.

We checked fire safety arrangements. People and staff told us that regular fire drills were carried out. One person said, "We have a fire drill in both places." A member of staff said, "There are constant fire drills and everyone knows their role." We spoke with a member of staff on night duty. She said, "[Name of manager] is very hot on training especially fire training which is so important on night shift. We do fire training every three months on nights."

We checked medicines management. We saw that there was a robust system in place for the receipt, storage, administration and disposal of medicines. Medicines administration records were completed accurately.

People, staff and relatives said there were enough staff to meet people's needs. Day time staffing levels were flexible and based on the individual needs of people who lived at the home. During our inspection, we saw that staff carried out their duties in a calm unhurried manner. People were able to access the local community and were encouraged to be as independent as possible.

We spoke with a member of staff on night duty. She told us there were two staff on duty overnight and she considered that this number was sufficient to look after people during this time. One member of staff worked in the main building and the other in Sydney House. There was also a sleep-in member of staff who would wake up if assistance was required in either of the two buildings.

We checked staff recruitment files. Disclosure and Barring Service [DBS] checks had been carried out and two written references obtained to help ensure that applicants were suitable to work with vulnerable people. The registered manager told us that they were currently renewing staff DBS checks to ensure no concerns were highlighted, because it was a number of years since some DBS checks had been carried out.

The manager told us and records confirmed that people who lived at the home were involved in interviewing prospective staff members to make sure that the correct staff were employed. We read the cook's interview record and noted that one person had asked her, "Can you make cakes and pastries from scratch?" Another person had asked, "What selection of home bakes would you offer for supper time?" The cook had replied that she would make lemon drizzle cake and Victoria sandwich cake which must have been the correct answer because she got the job!

Is the service effective?

Our findings

Relatives informed us that they thought staff were well trained. One relative said, “They use the hoist and staff are very well trained.” Another stated, “We’ve full confidence in the staff. They are extremely vigilant 24/7.”

Health and social care professionals told us that staff knew what they were doing. One professional said, “They are totally on the ball.” Another said, “They requested swallowing training which I delivered. There was a really good turnout. [Name of manager] made sure that staff were able to attend. It was very interactive and they brought up some salient points.”

Staff told us and records confirmed that training in safe working practices was completed and training to meet the specific needs of people in receipt of care from the provider. One member of staff said, “We have training in moving and handling, safeguarding, catheter care, infection control and first aid.” Another stated, “We must be the most qualified staff ever.” Other comments included, “We get lots of specialist training. We must do the most training ever;” “She [manager] keeps records to let us know when our training is due and gives us a copy” and “We’ve done training in Huntington’s Disease, Stroke, MS [Multiple Sclerosis] and brain injuries. We also had this incident where one person had a choking episode in her wheelchair. After this incident [name of manager] organised for someone to come in to train us on how to deal with someone that was choking in a wheelchair, so how to use the Heimlich manoeuvre. Anything that is identified she organises.” We consulted a district nurse. She told us, “I know there is training available. We have done diabetes and catheter care training [for the staff].”

Many of the staff had worked at the home for a considerable period of time. One member of staff had worked at the home for 28 years and another for 19 years. This experience contributed to the efficiency and skill with which staff carried out their duties.

Staff told us that they felt well supported and had regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. One member

of staff said, “We have regular supervisions. We write our comments on the form and [name of manager] always listens to what we have to say. She will always ask us if there is any training that we need.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Most people who lived at Elpha Lodge Residential Home had the capacity to make decisions about all aspects of their lives. The local authority had approved two DoLS applications following the completion of mental capacity assessments by the local NHS Trust. The manager had not notified us of the outcome of the DoLS applications in line with legal requirements. This is discussed further in the well led domain.

We noted that these two people had a Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] form in place which had been completed by their GP. There was no evidence that people’s capacity had been assessed in relation to this decision and best interests decisions made. The registered manager informed us that she would speak with the GP about this issue.

Staff had completed training in the MCA. The manager told us that staff were waiting to complete DoLS training because the local NHS Trust’s training department had not rolled out this training to providers as yet.

We read people’s care plans and noted that the preadmission assessment documentation did not include details of whether the person had consented to coming to live at the home or agreed to the care and treatment to be provided. We spoke with the registered manager about this issue. She immediately amended the preadmission assessment forms to include a section on consent. She told us, “Most of the residents that come here have the capacity to make that decision, but I have now included a section on consent [on the preadmission assessment form] to make sure we document this.”

We checked whether people’s nutritional needs were met. People told us that they were happy with the meals provided at the home and there was always a choice available. One person said, “I can choose what I want for breakfast.” Other comments included, “I like scampi and chips and ham salad. I don’t like custard” and “Sometimes I

Is the service effective?

make myself a cup of tea. I like the ham sandwiches. We all made scones yesterday.” People told us that they also liked to go out for meals in the local community. One person said, “I like to go out for a meal.”

Staff told us that people’s dietary needs were met. One staff member said, “There is a choice of two main courses. Seniors do a food chart and we check [people’s] weight once a month. Two residents have category C purees. We puree what is cooked. Residents normally get everything they ask for.” The National Patient Safety Agency has developed descriptors which detail the types and textures of foods needed by individuals who have swallowing difficulties. Category C is a thick pureed diet.

We spoke with a dietetic assistant from the local NHS Trust. She confirmed that staff had completed their ‘Care Home and Nutrition Training [CHANT].’ The dietetic assistant said

that she had no concerns about people’s dietary needs at the home. We also conferred with a speech and language therapist who said, “Some of the people need a pureed diet and the consistency of these diets is always appropriate.”

We spent time with people over lunch and saw they were given a choice of meals and adapted cutlery and equipment was available to promote people’s independence. We noticed that one person was given second helpings of dessert. A staff member explained, “We’re trying to build him up.” The person nodded in agreement.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; visited the dentist, optician and podiatrist. In addition, records showed that consultants’ clinics were held at the home.

Is the service caring?

Our findings

We spoke with people who told us that staff were kind and caring. One person said, “The staff are all excellent” and “I would rather be living at home, but I know I need to be here and it’s a nice place.”

Relatives also told us that staff were caring. One relative said, “He loves the care. He picked the place. He would go out for respite care in different homes but he said ‘I want to go to see Elpha Lodge.’” Other comments from relatives included; “Everybody’s nice. There is very good care. I am made to feel very welcome,” “Staff really care about her. Staff go to the hospital with her and stay to help out” and “There is a friendly atmosphere. I never worry, they do a great job.”

Health and social care professionals were also complimentary about the caring nature of staff including the manager. One professional stated, “The staff are very caring.” Other comments included; “[Name of manager] considers everyone [people] to be an extension of her family,” “You would want [name of manager] and the staff looking after one of your relatives,” “The care is excellent, they go above and beyond,” “The staff are caring” and “Staff go over and above.”

We also spoke with a member of the Rotary Club who said, “The Rotary club have visited the home on several occasions. They have always extremely impressed every time they visit. The people are enthusiastic, happy and quite obviously well looked after. They have always provided fantastic care.”

There was a cheerful atmosphere in the home. This was confirmed by the health and social professionals with whom we spoke. One said, “There’s always a positive

atmosphere.” Staff including the manager continually chatted with people and they enjoyed sharing jokes. One staff member said, “We know people well and we know when to have a joke with them and when they are not in the fettle [mood].” The manager told us, “I think it’s paramount [to be cheerful]. Life has given the residents enough restrictions. To add a bit of happiness and laughter is the icing on the cake as far as we’re concerned.”

It was evident that there was a close bond and a mutual respect between people and staff. We observed positive interactions throughout our inspection. One person became upset and a staff member supported her to her bedroom to talk and find out what was wrong.

Staff treated people with dignity and respect. One healthcare professional said, “People are always treated with respect.” Staff spoke with people in a respectful manner and they knocked on people’s bedroom doors before they entered. The manager said, “Their bedrooms are their own personal space as well as the private lounge, where they can talk in private.”

The manager informed us that no one was currently accessing any form of advocacy. She told us, and records confirmed that there was a procedure in place if people needed to access an advocacy service. Advocates can represent the views and wishes for people who are not able express their wishes.

People and their relatives told us that they were involved in making decisions about the care provided. They explained that there was open communication and their views were listened to and acted upon. One person told us, “We’re involved in everything – it’s great.” A relative said, “There are good lines of communication.”



Is the service responsive?

Our findings

People said that staff were responsive to their needs. One person told us, “I cannot praise it highly enough, staff know when I need things and it’s done for me.” People described the support they received as “excellent” and “fantastic.”

Health and social care professionals informed us that they considered that Elpha Lodge Residential Home was responsive to people’s needs. One professional contacted us by email and stated, “The service is very responsive. The service manager is very good at reporting incidents or changes in clients’ presentation to us. As a team we are confident that the service acts promptly.” Other comments included, “For the clients, the service they get is second to none. It’s a centre of excellence – the work they’ve done has been fantastic. One of my clients was bedridden and now he can walk... They take the clients to hospital and stay with them;” “Their actions are always really timely;” “I think they are excellent. Their quickness to follow guidelines is excellent. It’s the little things they are excellent at. I don’t have any problems;” “They are a really good service. They always follow my recommendations implicitly. Sometimes I’m a little late to book in my reviews and they will phone me up to remind me” and “They are really outstanding, they are on the ball. They have thought of things before I even suggest them, so it’s just like I’m rubber stamping things.”

People had a detailed plan identifying their background, preferences and needs. These plans were up to date and clearly stated how staff should support each person. The manager told us, and records confirmed that there was an emphasis on making sure that even the smallest things were documented. She said, “It’s all about ensuring that they are happy. It may seem minute, like if they want a morning shower, but everything is documented like [name of person] has a cup of coffee at 7am with night shift. She also doesn’t want to be monitored through the night and we’ve written a care plan about this.” We observed that people’s care and support reflected what was written in their support plans.

The manager told us and relatives confirmed that there was a system in place to ensure that people were accompanied to hospital. The manager said, “We try to make sure there is continuity for all hospital appointments so either I or [name of deputy] goes to ensure that the residents get the best possible care.” A relative said, “When

he had a fall [name of manager] took him to Wansbeck hospital and stayed with him.” One of the care managers told us, “They have a rota to make sure there is always someone available to take the clients to hospital. I have known [name of manager] stay with one client in hospital all night and sleep in the chair.”

The manager told us and a consultant confirmed, that consultants’ clinics were held at the home. The manager said, “We’ve worked hard to develop such a good rapport with the consultants and this now means that the residents don’t have to travel for hospital appointments.”

People informed us that they were encouraged to maintain their hobbies and interests. This was confirmed by a social worker who said, “They don’t just sit around and vegetate. Staff involve them, I was amazed at how much there is going on.” A care manager from the local NHS Trust said, “There’s always loads going on. They have a cinema club and they go to various eateries and have parties.” The lead for the local head injuries service stated, “We have three clients who are permanent residents at Elpha lodge Residential Care Home. They all have a good quality of life and enjoy a range of activities which are suited to their individual interests and needs.”

An activities coordinator was employed to help meet the social needs of people who lived at the home. An activities programme was in place. There was a cinema club and the service had their own mini bus. Trips into the local community were planned. Relatives confirmed that people were supported to continue their hobbies and interests. One relative said, “We get books out and staff read to her.” Other comments included, “Staff change the activities to suit the needs of the residents. She likes being outside meeting people.”

On the first day of our visit an exercise session took place. Staff praised those who took part telling them they were “brilliant.” A member of staff encouraged people by saying, “Come on – wave those arms!” On the afternoon, one person had organised a quiz. We spoke with him prior to the quiz session. He told us that he wrote the questions himself and tested our general knowledge by asking us some questions which we could not answer! There was much laughter during the quiz as the two teams, the Foxes and the Badgers battled it out. One person whispered, “Mind they [questions] are hard aren’t they.”



Is the service responsive?

We observed that staff also spent time with people on a one to one basis. We saw one person having a game of pool with a member of staff. Another person was using the internet to search for computer games that he wanted to download.

The registered manager explained the importance she placed on making sure people who lived at the home were actively involved in the local community. This was confirmed by a member of the Rotary Club who said, “They are extremely well thought of in the local community. For example, at Christmas one of the things we do to raise money is we have a Santa and sleigh. We went to one person’s house and explained that we were collecting money for charity. This man was clutching a 10p and he asked which charities we were collecting for and when I said Elpha Lodge, he went back inside and came back with a £10 note – that’s how much Elpha Lodge is thought of in the local community. Its reputation in the local populous is high.”

People’s spiritual needs were met. Four people went to the local church each week. In addition, a Roman Catholic church representative visited the service each Saturday to give one person Holy Communion. A relative said, “A lay preacher comes in and several residents go to church.” The service was also involved in church social events such as coffee mornings and tea dances. The manager said, “We didn’t think that they would like the tea dances which are organised by the church volunteers. It’s like an old fashioned tea dance and they loved it.”

The manager told us that they facilitated people’s personal relationships. She explained that some people who came to live at Elpha Lodge Residential Care Home were married and their spouses still lived at home. She said, “For [name of person] we got the OT [occupational therapist] on board and got the equipment to facilitate home visits and family relationships.” She said, “It’s a sensitive subject, but relationships are important to make sure that people are fulfilling all their needs.” She told us that another person lived in an upstairs flat with her husband before coming to live at the home. The manager told us that with the help of

the occupational therapist, specialised equipment had been installed at the person’s flat to enable her to go upstairs. The person had frequent home visits and overnight stays. The manager said that they supported the person and her husband to move into a bungalow so they could “set up home and have a normal relationship.” The registered manager had also organised sexual health counselling for another person. One person who lived at the home was a member of an online dating agency. The manager told us, “He used to use the recreational computer [home’s computer], but we thought he needed more privacy so we have helped him get his own which he uses in his room for privacy. Obviously, we are aware of the vulnerable aspects of him doing this, but he has the capacity to do this – it’s all part of normal daily life.”

The manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment and the planning of social and recreational activities. There was a lively ‘residents meeting’ taking place on the first day of our inspection. People were not restrained in their comments and suggestions. There was a lot of laughter and friendly banter. A care manager from the local NHS Trust said, “It’s very much like a community, everyone is consulted.”

There was a complaints procedure in place. The manager told us that no complaints had ever been received. None of the people or relatives with whom we spoke said they had any complaints or concerns. We asked each person individually whether they had any complaints or if there was anything they were not happy with and they all said “no.”

Surveys were sent out to people and their relatives to obtain their views about the care delivered. We looked at one questionnaire which had been completed by a relative. This stated, “[Name of person] is now very happy, now that he is settled.” A person had written, “The home and staff are lovely. I am very happy.” Other documented comments included, “[Name of manager] does her best for us. I’m happy,” “Good God [it’s] perfect” and “This home is the best.”

Is the service well-led?

Our findings

One of the directors of the company was the nominated individual. There was an ongoing investigation because of events which were not connected with Elpha Lodge Residential Care Home. The nominated individual had not been involved in the supervising and monitoring of the service for nearly a year. We had requested that an interim nominated individual be appointed eight months ago; however no interim nominated individual has been appointed.

We asked the manager about the support systems in place for her such as supervision and appraisal arrangements. She stated that she had not received any supervision or an appraisal because of the situation described above.

Following our inspection, we spoke with the nominated individual. She told us, “We have been looking into arrangements for supervision and appraisals and who should be the nominated individual.” She told us that this issue would be addressed immediately.

We spoke with a member of the local authority contracts team. He told us that they had placed a suspension on admissions at Elpha Lodge Residential Care Home, and the provider’s other two care homes, because of the ongoing investigation. This related to any admissions of people who were funded by the local authority.

While we had no concerns about the registered manager or her leadership; we considered that improvements were needed with regards to the nominated individual situation to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

Elpha Lodge Residential Care Home had been open as a care home since 1987. The manager had worked at the home since 1998. Staff spoke highly of her, comments included, “She is very supportive, you can go to her about anything whether it’s connected with work or not,” “She listens to whatever you have to say” and “[Name of manager] is a great boss to work for.” Relatives were also complimentary about the manager. Comments included, “[Name of manager] is fantastic” and “The manager is constantly in touch.”

Health and social care professionals spoke positively about the manager. One professional stated, “She’s absolutely

fantastic. I haven’t met a manager like [name of manager]. She is totally on the ball; I have nothing but admiration for her. She lets nothing slip. The staff are happy and there’s a lovely atmosphere.” Other comments included, “The service has strong leadership in [name of manager]. She has very high standards and ensures that her staff are aware of the standards she expects” and “That girl [registered manager] is unbelievable. She goes above and beyond – she is so dedicated.” We spoke with a member of the Rotary Club who said, “It’s well led. There’s a nice balance between [name of provider] the business person and [name of manager]. [Name of manager] is well respected amongst staff, she says what’s wanted. There’s no beating around the bush with her. There’s a nice balance between business and caring if you see what I mean.” He also stated, “[Names of provider and register manager] have addressed the Rotarians and given their vision for Elpha Lodge. Which we found very impressive.”

One professional said they felt the manager could delegate further duties to staff to ensure that if she was on extended sick leave or left her post, staff would be able to maintain the high standards which she set. Two health and social care professional stated that sometimes the manager expected an immediate response from their teams which was sometimes an unrealistic expectation. One professional stated, “I feel if she delegated more to her team this would be less likely to happen. It should be noted that this is not a frequent event but I think it is an area to consider which would help the manager share the risk rather than her holding the risks on her own.”

We spoke with the manager about these comments. She stated, “I do feel the need to be the voice of the residents and advocate on their behalf to make sure they get the services they need in today’s culture of cutbacks” and “We’ve been doing this [delegating] and [name of deputy manager] has been doing more and more input with professionals. I have also had this time off when I haven’t been available. The service has continued and we have developed the role of head senior 12 months ago. They do once a month on call at the weekend, therefore I am delegating.”

Staff informed us that they were happy working at Elpha Lodge Residential Care Home. Comments included, “It’s fantastic, great atmosphere, it’s like a little family.” Another stated “It’s nice, warm and homely.” Other comments included, “We’re a close team on nights. There’s just five of

Is the service well-led?

us and we all support each other;” “It’s like our extended family;” “I love working here, we have a laugh and a joke – it’s important;” “I love it here, it’s like a family;” “Morale is good on nights” and “They [people] like to have a laugh, I’ve got one person here who comes after me with the mop!” The member of the Rotary Club said, “One of the things that impresses me is how long the staff stay. Some staff from Elpha have been there 20 years, they like it and enjoy working there. ...It’s the sign of a good and happy service.”

People and their relatives told us that they were involved in decisions regarding the running of the service. One relative said, “If there is anything wrong I get told straight away. I can see a member of staff and go into the office and discuss it privately” and “There is an open door policy I can visit whenever I need to three or four times a week. The manager is constantly in touch. There are good lines of communication and the staff are very fair.”

The manager carried out audits on all aspects of the service. These included checks on health and safety; medicines; care plans and social activities. Any actions identified were carried out in a timely manner.

We found that the manager had not notified us of the outcome of two DoLS applications, in line with legal requirements. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. We spoke with the registered manager about this issue. She told us that she was now aware of her responsibilities and would ensure that all required notifications would be sent to us in a timely manner.